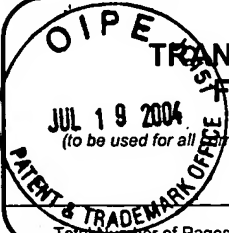
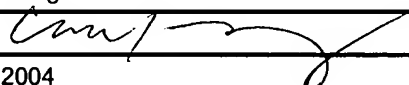



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PTO/SB/21 (04-04)

	Application Number	10/649,106
	Filing Date	August 26, 2003
	First Named Inventor	Tucker, Sean
	Art Unit	1614
	Examiner Name	
	Attorney Docket Number	020714-000620US
Total Number of Pages in This Submission		7

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td></tr></table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Carol A. Fang Reg. No. 48,631
Signature	
Date	July 16, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Marina A. Lewis
Signature	
Date	July 16, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

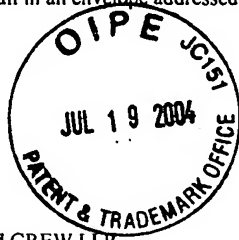
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: July 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: 

Marina A. Lewis



PATENT
Attorney Docket No.: 020714-000620US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Sean Tucker et al.

Application No.: 10/649,106

Filed: August 26, 2003

For: RETRODUCTAL SALIVARY GLAND
GENETIC VACCINATION

Examiner:

Art Unit: 1614

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER
37 CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. In accordance with the USPTO's decision to waive the requirement under 37 CFR 1.98 (a)(2)(i) for U.S. patents and published patent applications for all U.S. national patent applications filed after June 30, 2003, applicant has not submitted copies references B1-B5. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Dated: July 16, 2004

Respectfully submitted,



Carol A. Fang
Reg. No. 48,631

TOWNSEND and TOWNSEND and CREW LLP
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Tel: 415-576-0200
Fax: 415-576-0300

CAF:mal



INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Complete if Known		
			Application Number	10/649,106	
			Filing Date	August 26, 2003	
			First Named Inventor	Tucker, Sean	
			Art Unit	1614	
			Examiner Name		
Sheet	1	of	1	Attorney Docket Number	020714-000620US

U.S. PATENT DOCUMENTS+						
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
	B1	US-6,372,722	B1	04-16-2002	Bennett, et al.	
	B2	US-6,004,944	A	12-21-1999	Rothman, et al.	
	B3	US-5,962,429	A	10-05-1999	Welsh, et al.	
	B4	US-5,744,460	A	04-28-1998	Miller, et al.	
	B5	US-5,593,972	A	01-14-1997	Weiner, et al.	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
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Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.